



BOSTON INSPECTIONAL SERVICES DEPARTMENT

Martin J. Walsh
MAYOR

SECTION 1- OWNER INFORMATION

Building Owner's Name: _____
First Last

Owner's Address: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) ____ - ____ Ext. ____ Email: _____

SECTION 2-BUILDING INFORMATION

PROPERTY ADDRESS: _____ Neighborhood _____
NO. OF UNITS IN BUILDING: _____ ; Type of Property: 1 family / 1-3 Unit / Multi-Unit
YEAR OF CONSTRUCTION: _____ ; If before 1978, do you possess a lead paint
OWNER OCCUPIED? (Y / N): _____ compliance certificate? _____

I, _____, attest that I am the
Owner/Agent of the dwelling unit(s) located at the above address. I attest to and affirm that I am familiar
with and intend to fulfill my obligations under the rental ordinance (CBC 9-1.3) and all regulations
applicable to residential dwellings, including but not limited to the State Sanitary Code (105 CMR 410),
the State Building Code (780 CMR), Delivery Standards, the City of Boston Housing Code, Lead Paint
Standards, and Fair Housing Regulations.

Signature

Application Date

SECTION 3-AUTHORIZED AGENT / MANAGEMENT COMPANY

Owner's Agent Name: _____

Agent's Address: _____ (NO P. O. BOXES)

City: _____ State: _____ Zip: _____

Agent Telephone: (____) ____ - ____ Ext. ____ Emergency 24 hour number (____) ____ - ____

Management Co: _____

Company Address: _____ (NO P. O. BOXES)

City: _____ State: _____ Zip: _____

Agent Telephone: (____) ____ - ____ Ext. ____

OFFICE USE ONLY;

Received By: _____ Ward: _____ Amount Paid: _____

FEE: \$25 PER UNIT FOR YEAR 1; \$15 PER UNIT FOR YEAR 2 and beyond;

\$2500 maximum amount per building; \$5,000 maximum per complex (2 + buildings)

**NOTE; ALL UNITS NOT OCCUPIED BY THE PROPERTY OWNER MUST BE REGISTERED, EVEN
IF THE UNIT IS VACANT.**